

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS650HOS1	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/01/2008
NAME OF PROVIDER OR SUPPLIER MONTEVISTA HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE 5900 WEST ROCHELLE AVE LAS VEGAS, NV 89103		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	<p>Initial Comments</p> <p>This Statement of Deficiencies was generated as the result of a complaint investigation survey conducted at your facility on 9/30/08 through 10/01/08.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.</p> <p>The following complaints were investigated:</p> <p>NV19347 - Substantiated, see TAG's: S518 and S602 NV18494 - Not substantiated NV17711 - Not substantiated NV15986 - Not substantiated</p>	S 000		
S 518	<p>NAC 449.379 Medical Records</p> <p>7. All entries to a medical record must be legible and complete, and authenticated and dated promptly by the person who is responsible for ordering, providing or evaluating the service provided. In authenticating a medical record, the person shall include his name and discipline. Authentication may include the signature or written initials of the person or a computer entry by the person.</p> <p>This Regulation is not met as evidenced by: Based on record review the facility failed to ensure all entries were complete, authenticated and dated by the person responsible for 1 of 4 records reviewed.</p> <p>Findings include:</p>	S 518		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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S 518	Continued From page 1 Patient #1 record review: The integrated assessment - nursing assessment was not complete, pages 7 and 8 were not filled in. The integrated assessment - nursing assessment was not signed/authenticated nor dated, by the person responsible. Severity: 1 Scope: 1 Complaint #NV19347	S 518			
S 602	NAC 449.394 Psychiatric Services 3. A hospital shall develop and carry out policies and procedures for the provision of psychiatric treatment and behavioral management services that are consistent with NRS 449.765 to 449.786, inclusive, to ensure that the treatment and services are safely and appropriately used. The hospital shall ensure that the policies and procedures protect the safety and rights of the patient. This Regulation is not met as evidenced by: Based on facility policy review and record review, the facility failed to carry out policies and procedures, to ensure that the treatment and services are appropriately used for 1 of 4 records reviewed. Findings include: The facility's policy entitled "Levels of Observation" dated March 2000 indicates the precautions are to be identified on all patient observation safety sheets - 15 minute check sheets, (ie. precautions include, elopement, suicide, assault, seizure, etc.).	S 602			

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S 602	Continued From page 2 Patient #1 record review: There were no precautions identified on 8 of 8 patient observation sheets found in the record. Severity: 1 Scope: 1 Complaint #NV19347	S 602			

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